Revised: Sep-05

EL201.doc

Galen Name (print)

M.Tchell

TrusTee Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
CONSERVANCE Trust Box 7548 Reno 89510	9/4/06	2500			и
CONSERVANCY Trust Box 7548 Reno 89510 UNITED WE STAND AFT 4245 Rack 89431	9/26/06	5 200			
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PAGE_2_OF_9__

Office (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
	None	
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Galen Mitchell

TrusTee Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	А
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	Е
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Galen Mitchell
Name (print)

Trustee Office (if applicable) DISTRICT
District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAN	ME AND ADDRESS OF	T	T	
PER ORC THE	SSON, GROUP OR GANIZATION WHO RECEIVED PAYMENT FOR THE ENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
5%	214 Printing 225E GREG # 105 PARKS NV 84731.	D	9/27/06	6,079 33
7. 30	amily Magazine ow Liberty ST 200 NV 89501	D	9/27/06	1,125
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PAGE 5 OF 9

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

PAGE 6 OF 9

IN K	IND CAMPAIGN
COL	TRIBUTIONS

Report Period	#2
DISTRICT	

Galen	MiTchell
Name (print)	p liter, Cit

TrusTe e Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{RO} PARTY IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
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Rame (print)

TrusTee

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
4	None-	
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GALEN Name (print) MITCHEIL

TRUSTSE Office (if applicable)

DISTRICT <

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF			
PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	None	2	
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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

PAGE______OF______

Signature EL201.doc

Revised: Sep-05

PAGE OF 6

riod #7

Gzlen Mill Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
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PAGE 2 OF 8

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Name (print)

Mitch

office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
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PAGE 3 OF 8

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Name (print)

Mitch Mitchell Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	c ,
Expenses related to advertising	D
Expenses related to paid staff	Е
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J

PAGE______OF______

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Chevron/standardon Po Bat 5010 concord Ca 94524	, _	1-10-07	295
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PAGE 5 OF 8

Galen	Miles
Name (print)	

MiTchell
Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{RO} PARTY IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
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PAGE 6 OF 8

Galen Mitch

Milchell Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
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Revised: Oct-05

Name (print)

Cesten Mitch Mitchell
Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100
Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362

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